

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500.

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
	e. Phone Number

2. Political Action Committee Information

a. Category (Check only one)	
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Legal
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Minority
<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.
<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious
<input type="checkbox"/> Health	<input type="checkbox"/> Trade
<input type="checkbox"/> Information Technology / Telecommunications	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other / Not listed
b. Type (Check only one)	c. Definition of Type
<input type="checkbox"/> Parent Entity	
<input type="checkbox"/> Economic Interest	
<input type="checkbox"/> Political Purpose	

3. Connected Organization or Affiliated Committee

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Relationship

4. Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

5. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

7. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose	
c. Account Code	d. Type

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Printed Name of Signer

Signature of Appointed Treasurer

Date